



CITY OF MIAMI GARDENS
BUILDING FAÇADE RESTORATION PROGRAM
INTAKE APPLICATION

INTAKE APPLICATIONS MUST BE SUBMITTED BY AUGUST 19, 2005

Project Address

APPLICANT INFORMATION

Name of Applicant

Applicant Mailing Address

Applicant Home telephone

Work telephone

Applicant Facsimile Number

E-mail Address

Name of Business

Type of Business

PROPERTY OWNER INFORMATION

Name of Property Owner

Property Owner Mailing Address

Property Owner Home telephone

Work telephone

Property Facsimile Number

E-mail Address

TYPE OF PROPERTY OWNERSHIP

How many years in this business: _____

Indicate whether the Applicant is an individual or legal entity and, if a legal entity, indicate the type of entity below.

- Individual(s)
- Business corporation
- Not-for-profit corporation
- General partnership
- Limited partnership
- Joint venture
- Sole proprietor
- Other entity (specify)

If applicant is a private corporation, partnership or limited liability company, list below the name, business address and percentage of ownership interest or control of each partner.

Name	Business Address	% of interest

If applicant is a non-profit organization, please list names and title of the executive officers and directors/board members of the corporation.

Name	Title

Name	Title

Name	Title

EMPLOYMENT STATUS

The information request below is required by the federal government with any distribution of grant funding.

Current Number of Employees: _____

Current Number of Employees living in the City of Miami Gardens: _____

Current Number of Female Employees: _____

Current Number of Male Employees: _____

Enter the number of employees for each group that applies to your business:

<u>Ethnicity</u>	<u># of Employees</u>
White	
Black	
African American	
Asian	
Hispanic	
Native Hawaiian/ Other Pacific Islander	
American Indian/ Alaskan Native & White	
Asian & White	
Black African American & White	
American Indian/ Alaskan Native & Black African American	
Asian / Pacific Islander	
American Indian/ Alaskan Native	
Other Multi-Racial	

PROPERTY INFORMATION

Number of stories: _____

Adjusted square feet: _____

Lot size: _____ (square feet)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The City reserves the right to deny the participation in the program of any property with outstanding code violations.

The Applicant _____ asserts that the preceding information is true and correct.

Applicant (print name)

Applicant's signature

Date

**Mail Application to:
City of Miami Gardens
Development Services Department
Planning and Zoning
Attention: Oneca Lowery
1515 NW 167 Street, Bldg 5, Suite 200
Miami Gardens, FL 33169**

**For additional information, please contact
Oneca Lowery
Telephone: (305) 622-8000 ext. 2258
Email: olowery@miamigardens-fl.gov**